

DCFA SCHEDULE

Hospital Name Frederick Health  
 Hospital Number 210005

Period FY 2021

Column 1   Column 2   Column 3   Column 4   Column 5   Column 6   Column 7   Column 8   Column 9   Column 10

**CREDIT & COLLECTION**

Collection Agency Name  
 (1) Credit Management Company  
 (2) Nationwide Credit Corporation  
 (3)  
 (4)  
 (5)  
 (6) Number of liens 0  
 (7) Enter on this line the number of extended payment plans exceeding 5 years established with patients during the reported fiscal year 0

**FINANCIAL ASSISTANCE**

(8) Total Number of Patients Who Completed a Financial Assistance Application 1611  
 (9) Total Number of Patients Who Partially Completed a Financial Assistance Application 518  
 (10) Total Number of patients Who Received Free Care 1221  
 (11) Total Number of patients Who Received Reduced-Cost Care 302

	<u>Spanish or Hispanic</u>	<u>White</u>	<u>Black or African American</u>	<u>American Indian or Alaska Native</u>	<u>Asian</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>Other</u>	<u>Declined to Answer</u>	<u>Unknown or Cannot be Determined</u>
(12) Number of Patients Who Received Financial Assistance by Race or Ethnicity	479	754	155	7	44	1	430	7	98
(13) Number of Male or Male Gender Identity Patients Who Received Financial Assistance	109	283	52	1	14	0	101	4	3
(14) Number of Female or Female Gender Identity Patients Who Received Financial Assistance	370	471	103	6	30	1	329	3	1
(15) Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	0	0	0	0	0	0	0	0
(16) Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	217	280	64	2	19	0	200	2	9
(17) Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	73	117	32	1	5	0	65	1	6
(18) Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	145	163	32	1	14	0	135	1	3
(19) Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance	0	0	0	0	0	0	0	0	0
(20) Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$ 5,232,486								
(21) Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient	\$ 350,341								